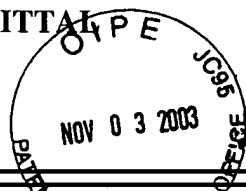


10/29/03

RCE/2800

**REQUEST FOR
CONTINUED EXAMINATION
(RCE) TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450



Application Number	09/532,807
Filing Date	03/21/00
First Named Inventor	Pennaz, et al.
Group Art Unit	2827
Examiner Name	Norris, Jeremy C.
Attorney Docket Number	IND10320

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.
Request for Continued Examination (RCE) under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO).

1. **Submission required under 37 C.F.R. 1.114** Note: if the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a. ☐ Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- ii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. ☐ Miscellaneous

- a. ☐ Suspension of Action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.117(i) required.)
- b. ☐ Other _____

3. ☒ **Fees** The RCE fee under 37 C.F.R. 1.117 (e) is required by 37 C.F.R. 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. **502117**.
- i. ☒ RCE fee required under 37 C.F.R. 1.17(e)
- ii. ☐ Extension of time fee (37 C.F.R. 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed..
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Printed/Type)
Signature

Tetri S. Hughes

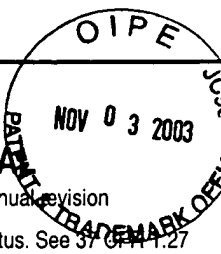
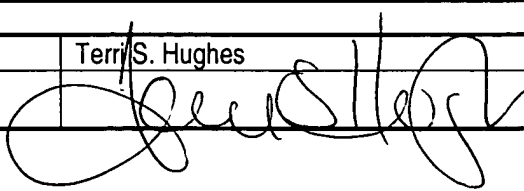
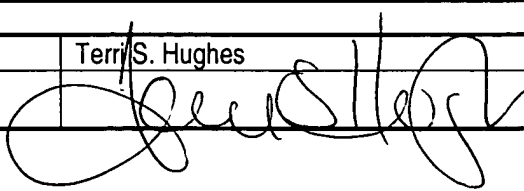
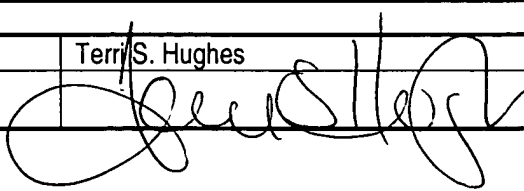
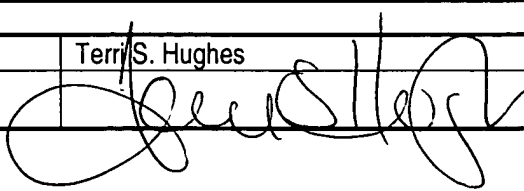
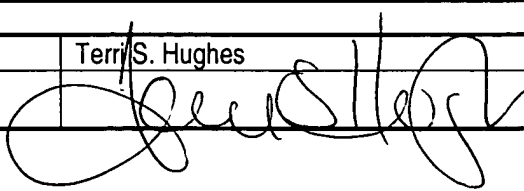
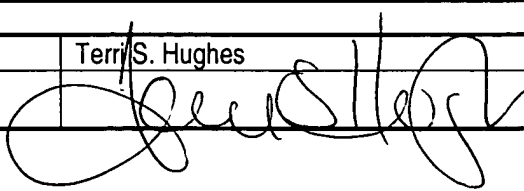
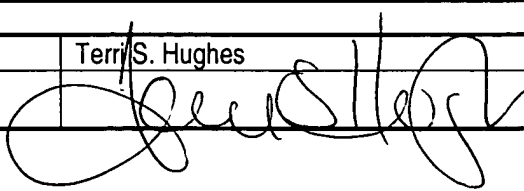
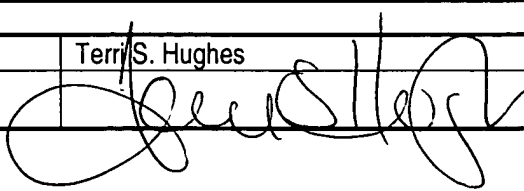
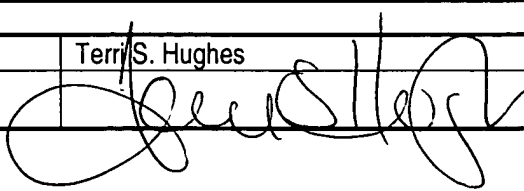
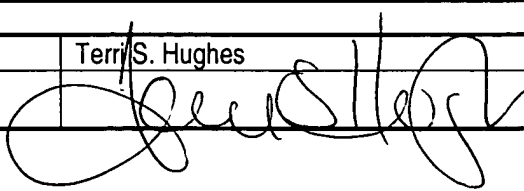
Reg. No. 41,856
Date October 30, 2003

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U. S. Patent and Trademark Office on: October 30, 2003

Name Sheila Mannerino

Signature Sheila Mannerino

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> FEE TRANSMITTAL <small>Patent fees are subject to annual revision</small> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div> <div style="text-align: center;">  </div> <div style="text-align: right;"> Complete if Known </div> </div>																																																																																																																																																																																																																																																																																																										
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Hughes</td> <td style="width: 25%;">Registration No.</td> <td>41,856</td> </tr> <tr> <td>Signature</td> <td></td> <td style="width: 25%;">Telephone</td> <td>(847) 576-0741</td> </tr> <tr> <td colspan="2"></td> <td>Date</td> <td>October 30, 2003</td> </tr> </table> </td> </tr> </table></td></tr></table>		METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)	<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="margin-left: 20px;"> Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. </div> <p>The Director is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	3. 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